

## PATENT APPLICATION

## DECLARATION AND POWER OF ATTORNEY

ATTORNEY DOCKET NO. MS1-1029US

MS DOCKET NO. 191736.2SGI

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Determining Regions That Are Occluded From an Observation Point

the specification of which is filed herewith unless the following box is checked:

(x) was filed on Dec 11, 2001 as US Application Serial No. or PCT International Application

Number 10/014,879 and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR 1.56.

**Foreign Application(s) and/or Claim of Foreign Priority**

I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) for patent or inventor(s) certificate listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			YES:___ NO:___
			YES:___ NO:___

**Provisional Application**

I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed below:

APPLICATION SERIAL NUMBER	FILING DATE
60/255,883	12/18/2000

**U.S. Priority Claim**

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION SERIAL NUMBER	FILING DATE	STATUS(patented/pending/abandoned)

**POWER OF ATTORNEY:**

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) listed below and those associated with

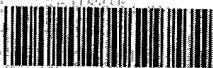
Customer No. 22801

to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Katie E. Sako, Reg. No. 32628	Daniel D. Crouse, Reg. No. 32022		

**Send Correspondence to:**

Robert R. Axenfeld  
Lee & Hayes, PLLC  
421 W. Riverside Ave., Suite 500  
Spokane, WA 99201



22801

PATENT TRADEMARK OFFICE

**Direct Telephone Calls To:**

Robert R. Axenfeld  
Phone Number: (509) 324-9256

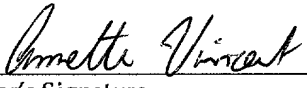
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: Andrew M. Vincent

Citizenship: Australia

Residence: 6 Kitson Place, Florey ACT 2615, Australia

Post Office Address: P.O. Box 664, Civic Square ACT 2608, Australia

  
\_\_\_\_\_  
Inventor's Signature

12 June 2002  
\_\_\_\_\_  
Date

10044879-071002



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No. .... 10/014,879  
Filing Date ..... Dec 11, 2001  
Inventor ..... Vincent  
Attorney's Docket No. .... MS1-1029US  
Title: Determining Regions That Are Occluded From an Observation Point

**ADDED PAGE TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR SIGNING  
BY ADMINISTRATOR(TRIX), EXECUTOR(TRIX) OR LEGAL REPRESENTATIVE ON BEHALF  
OF DECEASED INVENTOR (37 C.F.R. 1.42 AND 1.43)**

To: Box Missing Parts  
Commissioner of Patents and Trademarks,  
Washington, D.C. 20231

From: Robert R. Axenfeld (Tel. 509-324-9256; Fax 509-323-8979)  
**Customer No. 22801**

I, Annette Vincent, Executor, hereby declare that I am a citizen of Australia residing at K & CAV,  
Kitson Place, Florey ACT 2615 Australia respectively, and that I am executing and  
signing the Declaration to which this is attached as

☒ the administrator(trix) of  
executor(trix) of the estate of  
legal representative (or heirs) of

Andrew M. Vincent  
Full name of (first, second etc.) deceased inventor

Australia  
Country of Citizenship of deceased inventor

6 Kitson Place, Florey ACT 2615, Australia  
Residence of deceased inventor

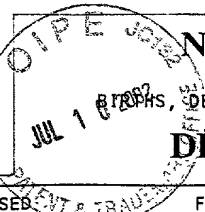
P.O. Box 664, Civic Square ACT 2608 Australia  
Post Office Address of deceased inventor

That, upon information and belief, I aver those facts that the inventor is required to state.

Date: 12 June 2002

Annette Vincent  
Annette Vincent

10014879-01002



# NEW SOUTH WALES

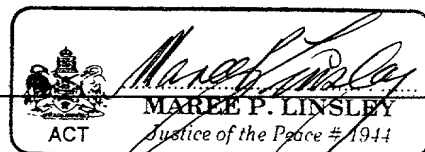
BIRTHS, DEATHS AND MARRIAGES REGISTRATION ACT 1995

## DEATH CERTIFICATE

REGISTRATION NUMBER

33538/2001

1 DECEASED	Family Name Christian or Given Name(s)  Date of Death Place of Death Sex and Age Place of Birth Period of Residence in Australia Place of Residence  Usual Occupation Marital Status at Date of Death	VINCENT Andrew Martin  06 September 2001 (in bushland) Ginninderra Falls, New South Wales Male 41 years Hobart, TAS Life 6 Kitson Place Florey 2615 Systems Engineer Married
2 MARRIAGE(S)	Place of Marriage Age when Married Full Name of Spouse	Hobart, TAS 24 years Annette Kathryn Oliver-Vincent
3 CHILDREN	In order of birth names and ages	Kathryn 11 Alan 09 Christopher 09
4 PARENTS	Father's Name  Mother's Name Mother's Maiden Family Name	Maxwell VINCENT  Elizabeth Patricia HALEY
5 MEDICAL	Cause of Death and Duration of last illness   Name of Certifying Medical Practitioner or Coroner	Hanging   Inquest dispensed with at Quanbeyan P. Lenarduzzi, Coroner
6 BURIAL or CREMATION	Date Place	12 September 2001 Norwood Park Crematorium Gungahlin, ACT
7 INFORMANT	Name Address  Relationship to deceased	A. K. Vincent 6 Kitson Cl Florey 2615 Widow
8 REGISTERING AUTHORITY	Name Date	Trevor Stacey, Registrar 09 October 2001
9 ENDORSEMENT(S)	Not any	



I certify this document to be a true copy  
of the original sighted by me.

Before accepting copies, sight unaltered original. The original has a coloured background.

REGISTRY OF BIRTHS  
DEATHS AND MARRIAGES

SYDNEY

31 Jan 2002

I hereby certify that this is a true copy of particulars recorded in a  
Register in the State of New South Wales, in the Commonwealth of Australia

Registrar

